



PART B - FEE(S) TRANSMITTAL

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11/04/2002

EZRA SUTTON, P.A.
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Judith M. Traina

(Depositor's name)

Judith M. Traina

(Signature)

January 8, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY CHECK NO.	CONFIRMATION NO.
09/841,844	04/25/2001	Edward L. Tobinick	TOBINICK 3.0-013 (CIP)	5830

TITLE OF INVENTION: CYTOKINE ANTAGONISTS FOR THE TREATMENT OF LOCALIZED DISORDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	X X9120X \$640	\$300	5X50X \$940 \$950	02/04/2003
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CHANNAVAJALA, LAKSHMI SARADA	1615	424-134100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent)

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4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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